



MIAMIBEACH

Report Form**G****Date:**
Fire Prevention Code
Notice: South Florida

ANNUAL SMOKE REMOVAL SYSTEM INSPECTION / TEST REPORT MECHANICAL SMOKE REMOVAL / CONTROL SYSTEM

Fire Prevention Division
1701 Meridian Ave. 2nd Floor
Miami Beach, Florida | 33139**Attention:** _____**Received By:** _____

All smoke removal/control systems, actuation and control devices located at the following address have been inspected and/or tested under the supervision of a registered mechanical engineer or accredited testing laboratory for proper operation as required by the adopted codes/standards at the time of installation and are OPERATIONAL with the minimum requirements of this type of system as per NFPA 92A, 92B.

Owner Name and Mailing Address

Business Phone	

Address**Type of Occupancy**

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Person performing Inspection / Test

Certificate of Competency No.

Name:

Contractor / Company performing Inspection / Test

Telephone Number(s)

Name:

Address:

NOTE: IF THE SYSTEM IS OPERATIONAL: A log shall be maintained, and tag or sticker shall be placed at or in the CENTRAL CONTROL STATION, IF APPLICABLE, showing the date, telephone number and the name of the engineer/company performing the inspection and/or test.

Date of Inspection / Test: _____

Signature: _____

Remarks:



MIAMI BEACH

Report Form**H****Date:**
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ANNUAL SMOKE PROOF ENCLOSURE INSPECTION / TEST REPORT

MECHANICALLY VENTILATED SMOKE PROOF ENCLOSURES AND PRESSURIZED STAIRS

Fire Prevention Division
1701 Meridian Ave. 2nd Floor
Miami Beach, Florida | 33139**Attention:** _____**Received By:** _____

All mechanically ventilated smoke proof enclosure and pressurized stairs, doors, actuating devices and associated components located at the following address have been inspected and/or tested under the supervision of a registered mechanical engineer accredited testing laboratory for proper operation as required by the adopted code/standard at the time of installation and are OPERATIONAL as per NFPA 92A, 92B.

Owner Name and Mailing Address

Business Phone	

Address**Type of Occupancy**

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Person performing Inspection / Test

Certificate of Competency No.

Name:

Contractor / Company performing Inspection / Test

Telephone Number(s)

Name:

Address:

NOTE: IF THE SYSTEM IS OPERATIONAL: A log shall be maintained, and tag or sticker shall be placed at or in the CENTRAL CONTROL STATION, IF APPLICABLE, showing the date, telephone number and the name of the engineer/company performing the inspection and/or test.

Date of Inspection / Test: _____

Signature: _____

Remarks: